स्तर, पुत्र की प्रबल इच्छा और शिशु जीवन रक्षा जैसे कारकों पर निर्भर करती है ।

(च) परिवार कल्याण कार्यक्रम को नई गतिशीलता प्रदान करने के लिए भारत सरकार ने एक कार्य योजना तैयार की है जिसका सभी राज्यों/संघ राज्यक्षेत्रों द्वारा, जिनमें गुजरात भी शामिल है, समर्थन किया गया है ।

Infant Mortality Rate

1306. DR. NARREDDY THULASI REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) wehther it is a fact that Infant Mortality Rate in Uttar Pradesd, Bihar Madhya Pradesh and Rajasthan is far above the National average; and

(b) if so, what steps are being taken to reduce Infant Mortalities Rate?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMI LY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) The Infant .Mortality Rate is estimated by the Registrar General of India (RGI) based on the Sample Registration System (SRS). According to this estimate, the Infant Mortality rate for India in 1990 is 80 per thousand live births. In com parison, the Infant Mortality Rate in ^Bihar, is 75 Rajasthan 83, U. P. 98; and M.P. is 111. The infant mortality rate in Rajasthan, M.P. and U.P. is higher than the national average while in Bihar it is lower than the national average.

(b) A number of programmes have been launched in the country, including Bihar, Rajasthan, U.P. and M.P. to reduce Infant Mortality Rate as under:

(i) Universal Immunization Prog ramme; to protect infants against Poliorhyelities, Tetanus, Diptheria; Whooping cough, Tuberculosis and Measles and pregnant women against tetanus.

(ii) Oral Rehydration Therapy Programmer for controlling deaths due to dehydration caused by diarrhoea among children upto the age of 5 years.

(iii) Prophylaxis Schemes against nutritional anaemia among children and against. blindness among children due to Vitamin'- 'A' deficiency.

(iv) Acute Respiratory Infactions control programme to control deaths due to pneumonia.

Involvement of NGOs in Family Welfare Programme

1307. DR. NARREDDY THULASI REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any proposal under Government's consideration to in volve non-Governmental organisation and voluntary agencies in a very big way in Family Welfare Programme;

(b) if so, the details thereof; and

(c) what is the budget allocation for implementation of Family Welfare Prog-ramme through NGO/Voluntary section in 1992-93?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.' K. THARA DEVI SIDDHARTHA); (a) Yes, Sir.

(b) The details include: — Publicity of the grant-in-aid schemes;

— Nomination of Nodal Officers in States/Union Territories for NGOl Voluntary Agencies;

— Simplification! of procedure for release of grant-in-aid to NGOs/ Voluntary Agencies;

— Setting up of Standing Committees for Voluntary Action (SCOVA) in States/UTs and delegation of sanctioning powers to them;

_ Holding of workshops/seminarsj meetings and study tours of the Voluntary Odganisations and those dealing with them in the country where voluntary sector is doing well;

— Introduction of new model schemes;

— Preparation of all-India Directory of voluntary Organisations;

— Approval of some organisations as mother units under Rolling Fund Scheme to assist smaller grass-root organisations;

— Proposal to set up an apex body called VAFAH (Voluntary Action for Family Welfare and Health) with necessary autonomy and flexibility for sanctioning grant-in-aid to NGOs/Voluntary Sector;

— Greater involvement of the NGOs i.e.. Voluntary Agencies, Cooperatives, Managements and Trade Union Organisations in Industries in the Organised Sector, Zilla Parishads, Municipal Corporations. Panchayats, etc. in the implement-tation of Family Welfare Programme effectively.

(c) Rs. 683 lakhs.

Implementation of Village Health Guide Scheme

1308. DR. NARREDDY THULASI REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a), the number of States and Union Territories which are implementing Village Health Guide Scheme;

(b) whether there is any proposal under Government's consideration to revitalise the scheme;

(c) if so, what are the details thereof; and

(d) if not, what are the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K." THARA DEVI SIDDHARTHA): (a) The Village Health Guide (VHG) Scheme is being implemented in all States and Union Territories except Delhi, Goa, Daman & Diu, Arunachal Pradesh, Jammu & Kashmir, Kerala and Tamil Nadu. The States of Arunachal Pradesh, Jammu & Kashmir, Kerala and Tamil Nadu have their own alternative schemes.

(b) to (d) The Government had set up a Task Force in 1989 with a view to making suggestions for improving the scheme. The Task Force had, *initer-alia,* recommended enhancement of honorarium for VHGs from Rs. 50/- to Rs. 100l-per month, payment of Rs. 10/- p.m. for attending meeting at PHC, training of more VHGs during the 8th Plan and provision of medicine kits for the VHGs. Because of financial constraints, these recommendations have not been implemented.

Growth rate of population

1309. DR. NARREDDY THULASI REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the States and Union Territories which have shown an increase in decaded growth rate of population during 1981-91 over 1971-1981; and

(b) what special measures have been taken with regard to these States and Union Territories in the field of Family Welfare?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) Thtt following are the States and Union Territories which have shown an increase in decadal growth rate of population during 1981-91 over 1971-81; An-dhra Pradesh, Arunachal Pradesh, Assam, Madhya Pradesh, Maharashtra, Naga-land, Tripura, West Bengal, Damaa & Diu, Lakshadweep and Pondicherry.

(d) To impart a new dynamism to the Family Welfiare -Programmes, an